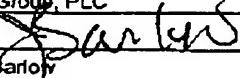


JUN 27 2006

TRANSMITTAL FORM		Application Number	10/808,567
		Filing Date	3/25/2004
		First Named Inventor	MIURA
		Art Unit	2822
		Examiner Name	Lewis
Total Number of Pages in This Submission		Attorney Docket Number	01-583

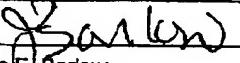
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
		<input type="text"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC
Signature	
Printed name	James E. Barlow
Date	27 June 2006
	Reg. No. 32,377

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	James E. Barlow
	Date 27 June 2006

JUN 27 2006

FEE TRANSMITTAL

		Application Number	10/808,567
		Filing Date	3/25/2004
		First Named Inventor	MIURA
		Examiner Name	Lewis
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2822
TOTAL AMOUNT OF PAYMENT (\$ 200)		Attorney Docket No.	01-583

METHOD OF PAYMENT (check all that apply)

 Check None Other (please identify): Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

Multiple dependent claims

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
	Fee (\$)	Fee (\$)			Fee (\$)	Fee (\$)		
- 20 or HP =	x	=						

HP = Highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200	= 200

HP = Highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

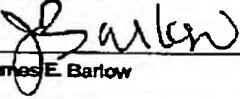
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,377	Telephone (703) 707-9110
Name (Print/Type)	James E. Barlow	Date	27 June 2006

JUN 27 2006

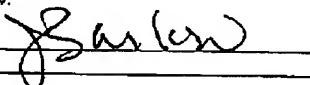
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: MIURA <i>et al.</i>	Atty. Dkt.: 01-583
Serial No.: 10/808,567	Art Unit: 2822
Filed: 3/25/2004	Examiner: Lewis
Title: SEMICONDUCTOR DEVICE	

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: 27 June 2006

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 27 June 2006	
Typed Name: James E. Barlow.	

Signature: **AMENDMENT UNDER 37 CFR 1.111**

Sir:

In response to the office action mailed 27 March 2006, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks begin on page 13 of this paper.

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